

Alaska's Early Intervention / Infant Learning Program

2011 SUBPOPULATION FOCUS: VISION & HEARING

Supplement to the 2011 Family Outcomes Survey

A report for the

Early Intervention/Infant Learning Program
Office of Children's Services
Department of Health & Social Services
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Executive Summary

Alaska's Early Intervention /Infant Learning Program (EI/ILP) is under the administration of the Office of Children's Services (OCS) in the Department of Health and Social Services. The EI/ILP oversees an array of flexible early intervention services for children birth to three years of age who have disabilities or developmental delays, or who are at risk for developmental delays. During 2010, services were delivered in communities across the state by 17 EI/ILP grantees and 7 satellite offices. Statewide consultant programs for vision and hearing were discontinued in 2010, and other contracted strategies were implemented to build ILP capacity to serve these families.

The U.S. Department of Education Office of Special Education Programs (OSEP) requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act (IDEA). The 2011 Family Outcomes Survey asked about family experiences based on five OSEP family outcome areas and their general level of satisfaction with EI/ILP services:

1. Families understand their children's strengths, abilities and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs and activities in their community.
6. Families are satisfied with the services they received.

The 2011 Family Outcomes Survey was administered in March and April, surveying families with Part C eligible children enrolled least six months who received ILP services in 2010. Due to the changes made in 2010 that impacted services for children with vision/hearing disabilities, the EI/ILP wanted as much information as possible regarding the family outcomes of "vision/hearing families" served in 2010. Thus after random selection for the main survey's target group, the same survey packet was sent to all the remaining vision/hearing families.

The vision/hearing subpopulation was comprised of 50 families with 51 children. Other than using a census approach (reaching out to every family), survey procedures were identical to those used with the families in the randomly selected target group of the main survey. This included the same survey packet contents, multiple response options, follow-up phone calls, reminder postcards, and incentives. Twenty-two (22) families in the subpopulation responded for a 44% response rate.

The survey protocol is included in Appendix A of the 2011 Family Outcomes Survey report. It used a 4-point Likert scale recommended for improved cultural appropriateness for Alaska's indigenous populations. Families were asked to rate experiences with their children and EI/ILP on 21 statements by choosing how often each statement was true for their family: none of the time, some of the time, most of the time, or all of the time.

It can be surmised that there was an overall high level of satisfaction with EI/ILP services from families receiving services for children with vision/hearing disabilities. While the response rate for a census approach was more than acceptable (44%), 22 families was a very small sample from which to draw conclusions that could be considered definitive. Its small size precluded any statistical comparisons within the sample (e.g., by race or region). The differences in size and selection of samples also precluded any statistical comparisons with the larger group of Part C families that responded on the main survey, but Figure 1 shows the pattern of results on outcome areas alongside the results from the main survey.

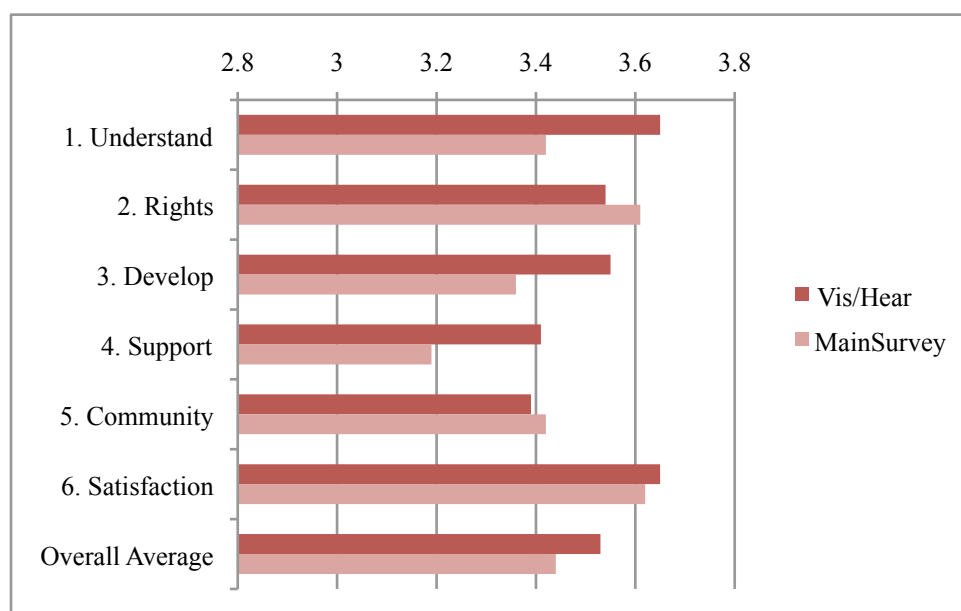


Figure 1: Relative strengths of outcome areas

Outcome 1 looked at how caregivers felt they understood their children’s development, special needs, and progress. This was one of the two highest outcome areas for the vision/hearing respondents. The pattern of response within Outcome 1 was similar to the pattern in the main survey, and it is a typical pattern, but all the item responses in Outcome 1 seemed to be higher for the vision/hearing families.

Outcome 2 looked at how much caregivers felt they knew about their rights and their capacity to advocate effectively on behalf of their children. There was a high level of understanding in this outcome area. However, as compared to the main survey, the response from the vision/hearing families seemed to be somewhat lower within Outcome 2, particularly in being informed of the right to choose services.

Outcome 3 looked at how well caregivers knew how to help their children develop, behave, and learn new skills. Respondents indicated a high level of knowledge in this area. The pattern of response within Outcome 3 was similar in the main survey, as well as surveys in previous years, but it seemed to be a stronger outcome for vision/hearing families, particularly in working with professionals to make a plan.

Outcome 4 looked at the level of resources for emotional support, assistance from others, and ability to do activities the family enjoys. The vision/hearing caregivers indicated a moderate level of social support. Even though this was a relatively weaker outcome area for vision/hearing families, it seemed to be a stronger outcome than it was for the Part C families in the main survey.

Outcome 5 looked at caregivers' level of access to desired services, programs, and activities in the community. The vision/hearing caregivers indicated a moderate level of community access. Both Outcomes 4 and 5 were the lowest outcomes for the vision/hearing respondents. The general pattern of response within Outcome 5 was similar to the main survey. However, the responding vision/hearing families indicated their children had less opportunity to participate in the community.

Outcome 6 looked at caregiver satisfaction with the quality and effectiveness of ILP services they received. This was one of the two highest outcome areas for the vision/hearing families indicating that as a group they were very satisfied with EI services. This pattern appeared to be consistent with Outcome 6 in the main survey, as well as with surveys conducted in previous years.

Comments added to surveys (10) were mostly expressions of satisfaction and gratitude (6 or 60%). Two negative comments were comparable to those in the *services* theme in the main survey that indicated a lack of quality or lack of desired services, and one that might fit in the *transition* theme indicated a lack of access to or connection with Part B services.

All in all, the response of the vision/hearing subpopulation indicated a high level of satisfaction with ILP services, as was also indicated on the main survey with Part C families in general. Similar response patterns indicate the recommendations in the main survey report also apply to the families in the vision/hearing subpopulation, particularly in the areas of social resources and community involvement.

Two areas that were weaker for the vision/hearing respondents indicated that they may have felt they were less informed about their right to choose services and that their children had less opportunity to be involved in the community. However, with such a small sample it is difficult to say if these differences were meaningful.

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Introduction

Since reorganization of State government in fiscal year 2004, Alaska's Early Intervention /Infant Learning Program (EI/ILP) has been under the administration of the Office of Children's Services (OCS). OCS is under the Alaska Department of Health and Social Services. OCS has a mission to "enhance families' capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections, and to realize their potential."

Under this organizing vision, the EI/ILP oversees an array of flexible early intervention services for children birth to three years of age who have disabilities or developmental delays, or who are at risk for developmental delays. During 2010, services were delivered in communities across the state by 17 EI/ILP grantees and 7 satellite offices. Statewide consultant programs for vision and hearing were discontinued in 2010, and other contracted strategies were implemented to build ILP capacity to serve these families.

EI/ILP activity and progress are reported to the U.S. Department of Education Office of Special Education Programs (OSEP). OSEP requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act (IDEA). Through a developmental process of working with experts and meeting with stakeholders, OSEP identified five family outcome areas. Guided by this framework, Alaska's annual EI/ILP Family Outcomes Survey is an effort to gather this type of information from the perspective of families in Alaska who have received EI/ILP services each year, along with general level of satisfaction with the EI/ILP services provided:

1. Families understand their children's strengths, abilities and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs and activities in their community.
6. Families are satisfied with the services they received.

The 2011 Family Outcomes Survey was administered in March and April, surveying families with Part C eligible children enrolled at least six months who received ILP services in 2010. This year the EI/ILP requested that the 2011 Family Outcomes Survey be sent to all families with Part C eligible children who had received services relevant to vision and/or hearing disabilities. Because of the statewide changes made in 2010 in how EI/ILP addressed the capacity of Infant Learning Programs to serve these families, they wanted as much information as possible regarding the family outcomes of "vision/hearing families" served in 2010. Thus after random selection for the main survey's target group, all the remaining vision/hearing families were sent the same survey packet. There were 50 families with 51 children in this vision/hearing subpopulation: 36 children had vision impairments, 14 had hearing impairments, and 1 had both vision and hearing impairments.

Methodology

A third-party evaluator, the University of Alaska Anchorage Center for Human Development (CHD), was contracted to implement the 2011 Family Outcomes Survey of families with children who had received EI/ILP services from January 1 to December 31, 2010. Families eligible for the survey needed to have at least one child who was eligible for Part C, and who had been enrolled in the program for at least 6 months. Information about children and families was pulled from the EI/ILP statewide database system.

For the main 2011 Family Outcomes Survey, a stratified random 20% target group comprised of 133 families (with 141 children) was selected to receive the survey. After selection, identical survey packets were sent to any remaining families in the eligible population who had children with vision and/or hearing impairments. Eleven families in the selection for the main survey's target population were also in the vision/hearing subpopulation, but each family received only one survey packet. Responses from all the families in the vision/hearing subpopulation were analyzed as a group to inform this supplemental report.

Thus a difference in methodology between the Family Outcomes Survey and the vision/hearing subpopulation was that vision/hearing families were contacted using a census approach (reaching out to every family). Likewise, a procedure in the main survey for replacing families when mail was returned was not relevant. Other survey procedures were identical to and carried out simultaneously with those used in the main survey. Survey packets containing an invitational letter, the survey instrument, and a postage-paid return envelope were mailed to vision/hearing families the week of March 7, 2011.

The introductory letter invited families to complete the survey by mail, online, or by using a toll-free phone number, and informed them that evaluators would contact them in about two weeks if their survey had not been completed. When evaluators called families, they invited caregivers to complete the survey over the phone or online, and honored requests to opt out or to have the survey resent by mail. When non-responding families could not be reached by phone, a postcard reminder was sent by mail. It included a toll-free phone number and online address to access the survey. The postcard was also used as a second reminder for families who may have been reached by phone, but did not respond two weeks after the call.

Families were asked to rate experiences with the ILP that served them on 21 statements by choosing how often each statement was true: none of the time, some of the time, most of the time, or all of the time. This 4-point Likert scale was recommended to the EI/ILP by a group of indigenous providers who had consulted as a group about making survey instruments more culturally appropriate for Alaska's indigenous cultures. The 2011 EI/ILP invitational letter and Family Outcomes Survey instrument are included in Appendix A of the main survey report.

Potential participants were offered the incentive of being entered into a drawing to give away at least ten \$25 gift cards to a choice of three popular shopping venues. Because the surveyed population was increased this year (the main survey target group plus the vision/hearing subpopulation), there was a proportionate increase in gift cards. Fourteen were distributed. The evaluator used an online random sampling calculator (www.randomizer.org) by Urbianak & Plous, (1997) to identify winners from among those who responded to the survey.

Analyses of data for this report were primarily descriptive statistics (frequencies, distributions, and measures of central tendency). General comparisons were made between results of the vision/hearing subpopulation and results of the main survey, but the subpopulation was too small to run statistical tests for significance of differences from the main survey, or for differences within it based on other variables (e.g., race/ethnicity or geographic area).

Comments added to surveys by respondents fell into general categories based on being positive, negative, or other. Comments are listed at the end of the Results section.

Results

Twenty-two (22) surveys were completed by vision/hearing families rendering a response rate of 44%. This is a response using a census approach, that is, there were no up-front procedures to increase representativeness of responding families. However a 44% response is more than acceptable for survey research in general. Below are details about the response and Table 12 shows the response by EI/ILP regions.

Target Population (vision/hearing services)	50
Made contact (mail and/or phone)	47
Ineligible	0
Opted out or did not respond (O)	25
Eligible completed surveys (S)	22
No contact (N) (invalid contact information)	3
<hr/>	
Response Rate = $S / (S + O + N) = 0.44$ or 44%	

Table 1: Vision/hearing response sorted by EI/ILP regions

Table 1: Vision/hearing Response sorted by EI/ILP Regions							
EI/ILP Region		EI/ILP Grantee		Sent		Rec'd	(%)
1	Northern	Alaska Center for Children & Adults (ACC)	8	13	7	54	
		Northwest Arctic Borough School District (NWA)	3				
		Norton Sound Health Corp. (NSH)*	1				
		Tanana Chiefs Conference (TCC)	1				
2	Anchorage	Programs for Infants & Children (PIC)	22	24	9	38	
		Family Outreach Ctr. for Understanding Spec... (FOC)	2				
3	Southcentral	Bristol Bay Area Health Corp. (BBA)	0	9	4	44	
		Kodiak Area Native Assn. (KAN)	4				
		Mat-Su Services for Children & Adults (MSU)*	1				
		Yukon Kuskokwim Health Corp. (YKH)	4				
4	Southeast	Center for Community (CFC)	1	4	2	50	
		Community Connections (CCK)	0				
		Frontier Community Services (FCS)	1				
		Homer Community Services (HCS)	0				
		REACH, Inc. (REA)*	2				
		SeaView Community Services (SVC)	0				
TOTAL:				50	22	44	

*No response from grantee area (yellow highlight).

Within regions and sometimes within agency service areas, both urban and rural populations were served. If responding vision/hearing families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as the more urban families, they represent 45% of all responding families, leaving 55% of responses from more rural families. This compares to 56% urban and 44% rural in the entire vision/hearing subpopulation. Thus there was a proportionately higher rural response (55% to 44%) than urban response (45% to 56%). This is a reverse of the urban-rural pattern in the main survey, and may have been impacted by a lower response from families living in the Anchorage Region. However, with such a small sample even one responder alters response patterns.

Demographics of Responding Families

The State EI/ILP collects data on race/ethnicity of the child, which may or may not be the same as race/ethnicity of caregivers. For example, it is not uncommon for children in foster care to receive ILP services, and while foster care agencies always strive to place Native children with Native families, this is not possible in some cases. Therefore, the “race/ethnicity of families” cannot be entirely assumed from this data.

Table 2 shows the data on race/ethnicity of children for both the families who responded to the survey and those in the entire vision/hearing subpopulation. Note that more than one race could be indicated for one child, and Hispanic/Latino is an ethnicity across multiple races. Families with Native children appeared to be underrepresented, but here again, due to the small sample size it is difficult to say if a response pattern has any meaning.

Table 2: Race/ethnicity of children in responding families compared to the entire vision/hearing subpopulation

Race/Ethnicity of Children*	V/H Respondents		V/H Subpopulation	
	<i>n</i>	%	<i>n</i>	%
AK Native or Am. Indian	8	36.4	22	43.1
Asian	1	4.5	3	5.9
Black/African American	1	4.5	4	7.8
Pacific Islander	---	---	---	---
White/Caucasian	15	68.2	27	52.9
No race indicated	---	---	1	2.0
Hispanic or Latino	---	---	1	2.0
Number of Children	22		51	

*Single race or mixed race.

The average age of children in responding families was 27 months, which was the same as the average age in the entire vision/hearing subpopulation. The average age of children in the main survey was 28 months.

All families included in the vision/hearing subpopulation had one or more children who qualified for ILP services under Part C. Table 3 shows a comparison of the qualifying categories of children across the responders and the entire subpopulation. The largest proportion of children (67 to 78 percent) qualified for Part C services with a Part C diagnosis. This is a pattern that differs from the main survey, but it is expected due to the characteristics of the subpopulation.

Table 3: How children in responding families qualified for services compared to the entire vision/hearing subpopulation

Qualifying Category	V/H Respondents		V/H Subpopulation	
	<i>n</i>	%	<i>n</i>	%
Part C Diagnosis	18	78.3	34	66.7
Delays > 50%	4	17.4	16	31.4
Clinical Opinion	1	4.3	1	2.0
Totals	22		51	

With such a small sample it is not possible to say if it might be meaningful, but it is at least curious that there was a higher response rate from families with children who qualified with a Part C diagnosis (53%) than from families whose children qualified with a > 50% delay (25%). Most of the Part C population qualifies on this latter category.

Within responding families, 15 (68.2%) children were still enrolled in the program at the end of 2010, and 8 (36.4%) had exited the program sometime during the year. This compares to the entire vision/hearing subpopulation with 35 (68.6%) enrolled and 16 (31.4%) exited. Thus entry/exit status was very similar between responders and the subpopulation. Of the exiting children in both responders and the subpopulation, the exit reason given for 63 to 69 percent was “Part B eligible,” indicating they had aged out of Part C services, and were qualified to receive services under Part B of IDEA. This was the same as the pattern in the main survey.

Table 4: Reasons children in vision/hearing families exited the program in 2010

Exit Reason	V/H Respondents	V/H Subpopulation
Part B eligible	5 (62.5%)	11 (68.8%)
Completion of IFSP prior to age 3	1	1
Moved out of state	---	1
Attempts to contact unsuccessful	1	1
Not Part B eligible, exit with no referrals	1	1
Deceased	---	1
Total Exited	8	16

In responders and in the entire subpopulation, exit placement was most often in preschool special education (50 to 63 percent) followed by placement in the home (25 to 38 percent). Together, these accounted for about 88% of all placements in both responders and the entire subpopulation. This was very similar to the pattern in the main survey.

Table 5: Exit placements for children in vision/hearing families who left the program in 2010

Exit Placement	V/H Respondents	V/H Subpopulation
Preschool Special Education	4 (50%)	10 (62.5%)
Home	3 (37.5%)	4 (25%)
Other Setting	1	1
N/A or Not Indicated	---	1
Total Exited	8	16

Summary of Respondent Characteristics

The responding sample from the vision/hearing subpopulation was more self-selected than the responding sample on the main survey. One factor that seemed to influence the level of response on the main survey was whether or not families had working phone numbers. Among the 25 vision/hearing families whose mail was not returned and who did not respond, 6 (24%) had nonworking phone numbers, and half of these were families with Native children.

Families with Native children seemed to be underrepresented and rural families seemed to be overrepresented. Curiously, there was a higher response from families whose children qualified with a Part C diagnosis as compared to those who qualified with a >50% delay. However, in such a small sample differences like these might not be at all meaningful.

As compared to the entire Part C population, both vision/hearing responders and the subpopulation had a higher proportion of children who qualified for services with a Part C diagnosis as would be expected. In other demographic and program data, responders were fairly similar to the Part C population in general.

Responses to Survey Questions

The total number of responses can naturally vary in the tables that follow for each survey item because respondents could choose not to answer individual items. As percentages of responses listed in tables were rounded, they do not necessarily add up to exactly 100%.

Generally, ratings on the survey instrument averaged 3.53 on a 1 to 4 scale. There was a lower 3.44 average on the main survey, but comparisons between the two surveys should be made cautiously. The selection and size of the samples was very different, which precludes statistical tests for the significance of differences. However, as a group, it can be said with some degree of certainty that the responding caregivers of children with vision/hearing disabilities were confident in their knowledge and abilities, available resources served their needs better than most of the time, and they were predominantly satisfied with the ILP services they received during the 2010 calendar year.

Outcome 1. Understanding the child. Items 1-3 on the survey asked respondents to indicate how often they understood their children's development, special needs, and progress. Combining results from these three items ($M = 3.65$), 91 to 100 percent indicated a very high, overall level of understanding in this outcome area. This appeared to be higher than the result for Outcome 1 in the main survey ($M = 3.42$).

The greatest strength for vision/hearing families was in the ability to perceive that a child is making progress ($M = 3.82$). The greatest weakness was in understanding children's special needs ($M = 3.45$). There was a similar pattern in the main survey, and it is a typical pattern. However all the individual item responses in Outcome 1 seemed to be higher for this group of vision/hearing families.

Item 1: Our child is growing and learning, and we understand our child's development very well.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.68 Median: 4 Mode: 4 SD: .586
2 – Some of the time	1	4.5	
3 – Most of the time	5	22.7	
4 – All of the time	16	72.7	
Total Responses	22	100	

The response on item 1 indicated that all but one responding family felt they understood their child's development very well, all or most of the time. About 73% indicated they always understood and about 23% indicated they understood most of the time. Though the mean was higher for vision/hearing families as compared to the main survey ($M = 3.38$), the pattern of response on this item was similar.

Item 2: We know most of what we need to know about our child's special needs.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	1	4.5	Mean: 3.45 Median: 4 Mode: 4 SD: .800
2 – Some of the time	1	4.5	
3 – Most of the time	7	31.8	
4 – All of the time	13	59.1	
Total Responses	22	100	

On item 2 all but two responding families felt they knew what they needed to know about their children's special needs all of the time (59.1%) or most of the time (31.8%). The response on this item appeared to be higher than the response in the main survey ($M = 3.28$).

Item 3: We can tell if our child is making progress.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.82 Median: 4 Mode: 4 SD: .395
2 – Some of the time	---	---	
3 – Most of the time	4	18.2	
4 – All of the time	18	81.8	
Total Responses	22	100	

All respondents indicated on item 3 that they could tell when their children were making progress all of the time (81.8%) or most of the time (18.2%). This also appeared to be a higher response than the response on this item in the main survey ($M = 3.62$).

Outcome 2. Rights and advocacy. Items 4-8 asked respondents to indicate how much they know about their rights and their capacity to advocate effectively on behalf of their children. Combining results from the five items ($M = 3.54$), 77 to 86 percent of respondents indicated a high level of understanding in this outcome area. This appeared to be weaker than Outcome 2 results in the main survey ($M = 3.61$).

Greatest weaknesses were in being informed about programs and services ($M = 3.27$) and about what to do if they were not satisfied ($M = 3.32$), similar to the main survey. These stood in stark contrast to greatest strengths in asking consent before sharing records ($M = 3.77$) and being

comfortable in meetings with professionals to plan services ($M = 3.77$). However, these two strong responses still appeared to be weaker than responses on these items from Part C families in the main survey.

One item that stood out is the one about being informed of the right to choose services. It was not a weak item ($M = 3.55$), but the difference between this response and the response on the main survey ($M = 3.67$) was larger than other differences within Outcome 2. This item was considered among the strengths within Outcome 2 on the main survey. In this way, there was a departure from a pattern on the main survey.

Item 4: We are fully informed about the programs and services that are available for our child and family.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.27 Median: 3 Mode: 4 SD: .767
2 – Some of the time	4	18.2	
3 – Most of the time	8	36.4	
4 – All of the time	10	45.5	
Total Responses	22	100	

The response on item 4 indicated that about 82% of responding families felt they were informed about programs and services all of the time (45.5%) or most of the time (36.4%). There was a notable 18% indicating they were informed only some of the time. The response on this item appeared to be very similar to the response in the main survey.

Item 5: We have been asked to give consent before anything from our Early Intervention records is shared with others.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.77 Median: 4 Mode: 4 SD: .429
2 – Some of the time	---	---	
3 – Most of the time	5	22.7	
4 – All of the time	17	77.3	
Total Responses	22	100	

Item 5 is of a somewhat different character than most other items. Caregivers should always be asked for consent before protected records are shared. It is important to note that it can't be assumed providers don't always follow this procedure. The response on this item reflects the perceptions and memories of caregivers. One way to improve this response is for providers to review the permissions in the file periodically.

Response on this item indicated that about 77% of the vision/hearing respondents perceived they had always given consent when their records were shared. Even though the mean response is high, this result might be considered disappointing when compared to the main survey where 86% of respondents perceived they had always given consent.

Item 6: We have been informed of our right to choose which Early Intervention services we receive.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.55 Median: 4 Mode: 4 SD: .739
2 – Some of the time	3	13.6	
3 – Most of the time	4	18.2	
4 – All of the time	15	68.2	
Total Responses	22	100	

Similar to Item 5, Item 6 refers to an expected procedure, but it does not have the same legal ramifications. About 86% of responding families indicated they were informed of their right to choose services all or most of the time. There appeared to be a higher response in the main survey on this item ($M = 3.67$) with 90% indicating all or most of the time.

Item 7: We are comfortable participating in meetings with professionals to plan services or activities for our child.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.77 Median: 4 Mode: 4 SD: .429
2 – Some of the time	---	---	
3 – Most of the time	5	22.7	
4 – All of the time	17	77.3	
Total Responses	22	100	

On item 7, all respondents indicated they were comfortable participating in meetings all or most of the time, with about 77% indicating comfort all of the time. There appeared to be a somewhat higher response on this item in the main survey ($M = 8.82$), with 85% comfortable all of the time.

Item 8: We know what to do if we are not satisfied with any part of our child's program and services.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	2	9.1	Mean: 3.32 Median: 4 Mode: 4 SD: .995
2 – Some of the time	2	9.1	
3 – Most of the time	5	22.7	
4 – All of the time	13	59.1	
Total Responses	22	100	

The response on item 8 indicated that about 81% of responding families knew what to do if they were not satisfied, all of the time (59.1%), or most of the time (22.7%). That left a notable 18% who knew what to do only some or none of the time. The response on this item appeared to be very similar to the response in the main survey.

Outcome 3. Help child develop and learn. Items 9-11 on the survey asked respondents to indicate how well they knew how to help their children develop, behave, and learn new skills. Combining results from the three items ($M = 3.55$), 90 to 95 percent indicated a high level of knowledge. This appeared to be higher than the response in the main survey ($M = 3.36$).

The greatest strength in this area was in working with professionals to make a plan ($M = 3.71$), while the greatest weakness was in knowing how to help children learn to behave ($M = 3.43$). This pattern was similar in the main survey, as well as surveys in previous years. However, the item about working with professionals to make a plan appeared to be a greater strength for this group of vision/hearing families than it was for Part C families in general.

Item 9: We are sure we know how to help our child develop and learn.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.50 Median: 4 Mode: 4 SD: .598
2 – Some of the time	1	4.5	
3 – Most of the time	9	40.9	
4 – All of the time	12	54.5	
Total Responses			

All but one respondent indicated on item 9 that they were sure they knew how to help their children develop and learn, all of the time (54.5%) or most of the time (40.9%). This appeared to be somewhat higher than the response on this item in the main survey ($M = 3.42$).

Item 10: We are sure we know how to help our child learn to behave.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.43 Median: 4 Mode: 4 SD: .676
2 – Some of the time	2	9.1	
3 – Most of the time	8	36.4	
4 – All of the time	11	50.0	
Total Responses	21	95.5	
Missing Data	1	4.5	

All but three respondents indicated on item 10 that they were sure they knew how to help their children learn to behave, all of the time (50%) or most of the time (36.4%). This appeared to be higher than the response in the main survey on this item ($M = 3.21$).

Item 11: Our family has worked with professionals to develop a plan to help our child learn new skills.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.71 Median: 4 Mode: 4 SD: .561
2 – Some of the time	1	4.5	
3 – Most of the time	4	18.2	
4 – All of the time	16	72.7	
Total Responses	21	95.5	
Missing Data	1	4.5	

All but two responding families indicated on item 11 that they worked with professionals to develop a plan all or most of the time. About 73% indicated they did this all of the time. This appeared to be a higher response on this item than was evident in the main survey ($M = 3.47$), where about 60% of respondents indicated they did this all of the time.

Outcome 4. Support systems. Items 13-16 on the survey asked respondents to indicate their level of resources for emotional support, assistance from others, and ability to do activities the family enjoys. The combined average response ($M = 3.41$) on this set of items indicated a moderate level of social support. The greatest strength was in having people to talk with to deal with problems or celebrate ($M = 3.64$). The greatest weakness was in having resources for occasional assistance from others for things other than childcare ($M = 3.23$).

Overall, this outcome area seemed much higher for vision/hearing families as compared to the main survey ($M = 3.19$) where respondents seemed to have more difficulty with resources for occasional childcare ($M = 2.97$) and other assistance ($M = 2.96$). Vision/hearing families as a group may have had more social network resources than Part C families in general.

Item 13: There are people we can talk with any time we want to help us deal with problems or celebrate when good things happen.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.64 Median: 4 Mode: 4 SD: .658
2 – Some of the time	2	9.1	
3 – Most of the time	4	18.2	
4 – All of the time	16	72.7	
Total Responses	22	100	

All but two responding families indicated there were people they could talk with to deal with problems or celebrate all or most of the time. About 73% indicated they had this type of social/emotional support all of the time. This response appeared to be higher than the response on this item in the main survey ($M = 3.48$).

Item 14: We have people we can call on for help when we need someone to watch our child for a short time.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.45 Median: 4 Mode: 4 SD: .858
2 – Some of the time	5	22.7	
3 – Most of the time	2	9.1	
4 – All of the time	15	68.2	
Total Responses	22	100	

Response on item 14 indicated about 77% of responding families had someone they could call upon to watch their child for a short time, all or most of the time. A notable 23% had this resource only some of the time, but it was still higher than the response in the main survey ($M = 2.97$).

Item 15: We have people we can call on to help us with things other than childcare (e.g., transportation, shopping, or small repairs).

Rating	Frequency	Percent	Central Tendency
1 – None of the time	3	13.6	Mean: 3.23 Median: 4 Mode: 4 SD: 1.152
2 – Some of the time	3	13.6	
3 – Most of the time	2	9.1	
4 – All of the time	14	63.6	
Total Responses	22	100	

About 73% of caregivers indicated they had assistance with things other than childcare most or all of the time. Three indicated they never had this assistance. Even though the response on this item was low compared to other items, it was higher than the response on this item in the main survey ($M = 2.96$). There was more variance on this item than any other item in the survey, reflecting a wider range of individual differences.

Item 16: We are able to do the activities our family enjoys.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.32 Median: 4 Mode: 4 SD: .839
2 – Some of the time	5	22.7	
3 – Most of the time	5	22.7	
4 – All of the time	12	54.5	
Total Responses	22	100	

About 77% of caregivers indicated on item 16 that they were able to do the activities their family enjoyed most or all of the time. A notable 23% indicated they could do this only some of the time. This appeared to be similar to the response on this item in the main survey.

Outcome 5. Community access. Items 17-19 on the survey asked respondents to indicate their level of access to desired services, programs, and activities in the community. Combining results from these three items ($M = 3.39$), 73 to 86 percent of respondents indicated a moderate level of community access. This was fairly similar to the average response in Outcome 5 on the main survey.

The strongest item was access to excellent medical care ($M = 3.68$). The weakest item was children's access to participate fully in the community ($M = 3.00$). This was a pattern very similar to the main survey, as well as surveys in previous years. However, the response on the item about community access stood out as more of a relative weakness for the vision/hearing families ($M = 3.00$) as compared to Part C families in general ($M = 3.25$).

Item 17: We have excellent medical care for our child.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.68 Median: 4 Mode: 4 SD: .716
2 – Some of the time	3	13.6	
3 – Most of the time	1	4.5	
4 – All of the time	18	81.8	
Total Responses	22	100	

About 82% percent of responding families on item 17 indicated they always had excellent medical care for their children. While three families indicated access only some of the time, all families had some access to excellent medical care. This appeared comparable to the response on this item in the main survey, as well as surveys in previous years.

Item 18: We have excellent childcare for our child.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.57 Median: 4 Mode: 4 SD: .852
2 – Some of the time	3	21.4	
3 – Most of the time	---	---	
4 – All of the time	11	78.6	
Total Responses	14	100	
Not Applicable: 8 (36.4% of all respondents)			

About 36% of responding families indicated this item was not applicable to their circumstances. Of the remaining 14 families, about 79% indicated they had excellent childcare all of the time. About 21% had less access to excellent childcare. The mean response on this item was higher than the mean in the main survey ($M = 3.35$), but the pattern of response seemed fairly similar.

Item 19: Our child has opportunities to fully participate in activities in the community (e.g., playing with others, social or religious events).

Rating	Frequency	Percent	Central Tendency
1 – None of the time	3	13.6	Mean: 3.00 Median: 3 Mode: 4 SD: 1.069
2 – Some of the time	3	13.6	
3 – Most of the time	7	31.8	
4 – All of the time	9	40.9	
Total Responses	22	100	

About 73% of respondents indicated they had opportunities for community inclusion all (40.9%) or most (31.8%) of the time. A notable 27% indicated their children had less access to activities in the community. The mean response on this item was lower than the mean in the main survey ($M = 3.25$). A higher variance on this item indicated more individual differences.

Outcome 6. Satisfaction with EI services. Item 12 consisted of the statement, “Early intervention has done an excellent job...” followed by three sub-items asking respondents to indicate the quality and effectiveness of ILP services they received in three topical areas. Combining results, a high average response ($M = 3.65$) indicated that responding vision/hearing families as a whole were satisfied with EI services. This appeared to be consistent with the pattern in the main survey, as well as surveys in previous years.

Item 12.1: Early Intervention has done an excellent job helping us know our rights.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.59 Median: 4 Mode: 4 SD: .666
2 – Some of the time	2	9.1	
3 – Most of the time	5	22.7	
4 – All of the time	15	68.2	
Total Responses	22	100	

All but two responding families indicated EI had done an excellent job helping them know their rights, all or most of the time. About 68% indicated this was true all of the time. This response appeared to be very similar to the response on this item in the main survey.

Item 12.2: Early Intervention has done an excellent job helping us effectively communicate our child's needs.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.68 Median: 4 Mode: 4 SD: .568
2 – Some of the time	1	4.5	
3 – Most of the time	5	22.7	
4 – All of the time	16	72.7	
Total Responses	22	100	

All but one responding family indicated EI had done an excellent job helping them effectively communicate their children's needs, all or most of the time. About 73% indicated this was true all of the time. This appeared comparable to the response on this item in the main survey.

Item 12.3: Early Intervention has done an excellent job helping us help our child develop and learn.

Rating	Frequency	Percent	Central Tendency
1 – None of the time	---	---	Mean: 3.68 Median: 4 Mode: 4 SD: .477
2 – Some of the time	---	---	
3 – Most of the time	7	31.8	
4 – All of the time	15	68.2	
Total Responses	22	100	

All responding families indicated EI had done an excellent job helping them help their children develop and learn, all or most of the time. About 68% indicated this was true all of the time. This response appeared comparable to the response on this item in the main survey.

Summary of Satisfaction with EI/ILP Services

Overall, satisfaction of responding families from the vision/hearing subpopulation can be considered high, with a clear majority of caregivers noting they were satisfied most, if not all of the time (91 to 100 percent). Table 6 shows satisfaction results sorted by region. The lowest regional satisfaction was from the Southeastern Region, however, this was an average based on responses from only two families.

Table 6: Overall satisfaction by EI/ILP region (combined response on items 12.1-12.3)

Region	<i>n</i>	<i>M</i>
Northern Region: ACC, NSH, NWA, TCC	7	3.67
Anchorage Region: PIC, FOC	9	3.67
Southcentral Region: BBA, KAN, MSU, YKH	4	3.75
Southeastern Region: CFC, CCK, FCS, HCS, REA, SVC	2	3.33
Total	22	3.60

Comments Added by Families Receiving Vision/Hearing Services in 2010

Ten (10 or 45%) vision/hearing respondents offered additional comments. Because it is such a small number of comments, the full comments are all included in the body of this supplemental report, as opposed to listing them in an appendix.

As comments were typed from paper surveys or phone call notes, typical spell-check corrections were allowed as long as it was clear what word a respondent intended. Some shorthand notations were changed to words, but abbreviations common to the spoken language within this population were retained. For example, “w/o” would be typed “without,” but “OT” and “PT” would be left as written or spoken.

Because researchers at the Center for Human Development have a responsibility to take reasonable measures to protect identities of survey respondents, identifying information from comments included in this supplement were replaced with generic terms in brackets. For example, information that could easily lead back to the identity of a respondent included names of respondents, children, service providers, programs, and areas of residence. If a lot of information was provided relevant to a medical condition and/or personal circumstances, parts of the information were likely excluded or replaced with generic terms to help make the respondent less identifiable. Any contact information provided in comments was excluded.

Additional Notes:

- ♦ In the main survey, there was a category for mixed comments (i.e., those expressing both positive and negative qualities). Within the small group of comments from vision/hearing families, comments tended to be predominantly positive or negative.
- ♦ In the main survey, comments are typically sorted by nature and region. In this small subpopulation there was too much risk that practice would make people identifiable.
- ♦ Any indications in comments of isolated incidents that the EI/ILP office might be able to address with targeted training were shared with them separate from this report.

Expressions of gratitude and satisfaction. Six, or 60% of the 10 respondents who added a comment used it as an opportunity to express positive statements of gratitude or to further highlight their satisfaction with a program, services, or specific providers.

We have found Early Intervention Services to be extremely helpful, both with practical aspects of our child's special needs, and also with the emotional aspects of support. The early intervention specialists who have worked with us have always listened with care and tried to respond to our concerns, such as taking our concerns to the team when they did not have answers themselves.

They have been really good working with them and helping to prepare us to transition to the school system when reaching the age of 3. They have tried very hard to stay in contact with us when we are in the more rural areas of the state.

Very happy with services received.

Our family has been very happy with the support provided by [ILP]. We get information about our areas of concern and ideas for new ways to help our daughter achieve her highest potential. Best of all, our educator seems to enjoy helping us.

We keep our grandson at home, away from other people, because he is always sick. He likes to play with his cousins. He will be able to get out more when he is older. I am very happy with the ILP. It gives me what I need to help my grandson. It is good to have professional opinions to help understand. I pay close attention to my grandson all the time and we do our best.

We already have a whole team and there is only so much that the ILP can do to contribute to our understanding of development and special needs. [ILP provider] has been so wonderful to us. She truly cares about us and our family. We couldn't do it without her. We are about to transfer out of [Community] and we will miss her. She is helping us transfer and that is a big stress relief for me.

Expressions of frustration or indications of dissatisfaction. Three respondents added comments expressing some level of frustration or dissatisfaction, or their dissatisfaction could be inferred because of the situations described. These were considered “negative” comments because they indicated poor quality or gaps in services.

In terms of the themes used to group comments in the main survey, the two following comments would fit best in the first category, expressing something relevant to the general quality of **services** families received or services they wanted, but did not receive.

One ILP person was really very sweet and nice, but I had some issues early on because I wasn't sure if she was doing what she was supposed to be doing. She did some things that did not seem very professional. I didn't know what to do about it and I didn't want to hurt her feelings. Towards the end she was doing better. Everyone at [ILP] has been great keeping us informed and helping our child to communicate better.

A parent support group/online forum/other for local families or Alaska families would be nice. Training/information on parent rights about evaluations, IEP's, etc. would be helpful, especially during transition.

A third negative comment might fit in the **transition** theme of the main survey. It is also indicative of a lack of access, but not to Part C services.

I love the ILP services. I love that we are learning what to do for our child and helping his needs. I only wish this program could go beyond until a child reaches 18 years of age. After age 3, because we live out in the bush and not in a city like Bethel or Anchorage, how will my husband and I continue to get services for our child?! That is SO UNFAIR that people from Anchorage and Bethel get great services and the rest of people out in the middle of nowhere are left alone! It's just kinda like favoritism! The services provided are great, but what about after my child turns 3? That is so unfair!

Other. There was one comment added that was not positive or negative.

I have a masters degree in an area that fulfills most of our needs, so I am unsure what information is provided to other parents.

Summary & Conclusions

It can be concluded from the results of the 2011 survey of the vision/hearing subpopulation that there was an overall high level of satisfaction with EI/ILP services from families receiving services for children with vision/hearing disabilities. While the response rate for a census approach was more than acceptable (44%), 22 families is a very small group on which to draw definitive conclusions. Many responses from the vision/hearing families seemed higher than those on the main survey, but many of the patterns of responses were similar to those in the main survey. The differences in sample size and selection precluded statistical tests of differences with the main survey.

Outcome 1 looked at how caregivers felt they understood their children's development, special needs, and progress. This was one of the two highest outcome areas for the vision/hearing families. Within the outcome area, a relative strength was in the ability to perceive that a child is making progress and a relative weakness was in understanding children's special needs. There was a similar pattern of response in the main survey, and it is a typical pattern, but all the item responses in Outcome 1 seemed to be higher for the vision/hearing families.

Outcome 2 looked at how much caregivers felt they knew about their rights and their capacity to advocate effectively on behalf of their children. There was a high level of understanding in this outcome area. Relative weaknesses in being informed about programs and services and what to do if not satisfied with services were in stark contrast to relative strengths in being asked for consent before sharing records and being comfortable in meetings with professionals to plan services. As compared to the main survey, the response from the vision/hearing families seemed to be somewhat lower within Outcome 2, particularly in being informed of the right to choose services.

Outcome 3 looked at how well caregivers knew how to help their children develop, behave, and learn new skills. Respondents indicated a high level of knowledge in this area. A relative strength was in working with professionals to make a plan, and a relative weakness was in knowing how to help children learn to behave. This pattern was similar for the 2011 Part C families in general, as well as those surveyed in previous years, but Outcome 3 seemed to be higher for vision/hearing families, particularly in working with professionals to make a plan.

Outcome 4 looked at the level of resources for emotional support, assistance from others, and ability to do activities the family enjoys. The vision/hearing caregivers indicated a moderate level of social support. A relative strength was in having people to talk with to deal with problems or celebrate, and a relative weakness was in having resources for occasional assistance from others for things like transportation and small household repairs. Even though this was a relatively weaker outcome area for vision/hearing families, it seemed to be a stronger outcome than it was for Part C families on the main survey.

Outcome 5 looked at caregivers' level of access to desired services, programs, and activities in the community. The vision/hearing caregivers indicated a moderate level of community access. Both Outcomes 4 and 5 were the lowest outcomes for the vision/hearing respondents. A relative strength within Outcome 5 was access to excellent medical care and a relative weakness was children's access to participate fully in the community. This was a pattern

very similar to the main survey, as well as surveys in previous years. However, the responding vision/hearing families indicated their children had less opportunity to participate in the community.

Outcome 6 looked at caregiver satisfaction with the quality and effectiveness of ILP services they received. This was one of the two highest outcome areas for the vision/hearing families indicating that as a group they were very satisfied with EI services. This pattern appeared to be consistent with Outcome 6 in the main survey for Part C families in general, as well as with surveys conducted in previous years.

Comments added to surveys (10) were mostly expressions of satisfaction and gratitude (6 or 60%). There were not enough negative comments to indicate patterns, but they did express some issues similar to those expressed in the main survey. Two negative comments were comparable to those in the *services* theme, one indicating a lack of confidence in the quality of services and one with suggestions for additional services they wanted. One comment expressed frustration with a lack of Part B services in rural areas that might fit in the *transition* theme of the main survey's comments.

All in all, the response of the vision/hearing subpopulation indicated a high level of satisfaction with ILP services, as was also indicated on the main survey with Part C families in general. Similar response patterns indicate the recommendations in the main survey report also apply to the vision/hearing subpopulation, particularly in the areas of social resources and community involvement.

Two areas that were weaker for the vision/hearing respondents indicated that they may have felt they were less informed about their right to choose services and that their children had less opportunity to be involved in the community. However, with such a small sample it is difficult to say if these differences were meaningful.